



2005 FLEXIBLE BENEFITS PLAN

Value Life's Benefits

Miami-Dade County

Benefits Handbook



General Services Administration



MIAMI-DADE COUNTY

Benefits Administration Unit

305-375-5633 or 305-375-4288
FAX 305-375-1368 or 305-375-1633
www.miamidade.gov/benefits

Web Site

Fringe Benefits Management Company (FBMC)

Customer Service

1-800-342-8017

Interactive Benefits

1-800-865-3262

Web Site

www.fbmc-benefits.com

Florida Relay Service Telecommunications

Device for the Deaf (TDD)

1-800-955-8771

This document is available in an alternative format by calling FBMC Customer Service at 1-800-342-8017.

PROVIDER ADDRESSES AND PHONE NUMBERS

MEDICAL

AvMed Health Plan HMO
9400 S. Dadeland Blvd.
Suite 420
Miami, FL 33156
(800) 882-8633
TDD: (877) 442-8633
www.avmed.org

CIGNA HealthCare
1580 Sawgrass Corporate Parkway, Suite 200
Sunrise, FL 33323

CIGNA HealthCare
Customer Service, Claims, and Correspondence to:
P.O. Box 182223
Chattanooga, TN 37422-7223
Open Enrollment Hotline: (800) 962-3136
www.cigna.com

Humana, Inc.
3401 SW 160 Avenue
Miramar, FL 33027
Open Enrollment Hotline: (888) 393-6765
(800) 4HUMANA (800-448-6262)
www.Humana.com

JMH Health Plan HMO
1801 N.W. 9 Ave., Suite 700
Miami, FL 33136
(305) 575-3700
(800) 721-2993
www.jmhhp.com

Vista Healthplan, Inc.
1340 Concord Terrace
Sunrise, FL 33323
(866) 847-8235
Open Enrollment Hotline: (888) 679-9148
TDD: (888) 444-7352
www.vistahealthplan.com

DENTAL

American Dental Plan
P.O. Box 769729
Roswell, GA 30076
(800) 633-1262
TDD: (888) 884-5674
www.compbenefits.com

MetLife Dental
Dental Claims Unit
P.O. Box 981282
El Paso, TX 79998-1282
(800) 845-1870
TDD: (888) 638-4863
www.metlife.com/mybenefits

Oral Health Services
5775 Blue Lagoon Drive, Suite 400
Miami, FL 33126
(800) 432-3376
(305) 262-1333
www.compbenefits.com

VISION

Optix Vision Plan/Vision Care, Inc.
P.O. Box 30349
Tampa, FL 33630-3349
(800) EYE-CURE (393-2873)
www.compbenefits.com

OTHER

ARAG®
400 Locust Street, Suite 480
Des Moines, IA 50309
(800) 247-4184
<http://members.ARAGgroup.com/mdcounty>

ICMA-RC Services, LLC.
Southeast Territory Office
2655 LeJeune Road, Suite 510
Coral Gables, FL 33134
Phone: (305) 569-0728
Fax: (305) 569-0790
Customer Service: (800) 669-7400
www.icmarc.org

NACo/Nationwide Retirement Solutions (PEBSCO)
P.O. Box 1541
Boca Raton, FL 33429
(305) 937-1176 (Miami)
Fax: (561) 338-9731
FL WATS (800) 432-0822
Account Information (877) 677-3678
www.nrsforu.com
www.NACO.org

UnumProvident
Portland Customer Care Center
P.O. Box 9500
Portland, ME 04104-5058
(800) 858-6843
FAX (800) 447-2498

The material contained in this notebook does not constitute an insurance certificate or policy. This information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies. Employees receive benefit certificates for those benefits selected.

Web Access to Plan Information

Do you need a provider directory? Find a participating pharmacy, obtain a preferred drug formulary list? View your plan benefit summary or co-payments? Your health plan's Web site is a valuable resource for obtaining benefits information 24 hours a day, seven days a week. In addition to the "basics," here are the highlights of additional benefits available online:

AVMED (800) 882-8633 - www.avmed.org: View authorizations. Also through www.myephit.com, you can access expert nutrition and fitness information to set-up a personal health improvement training program.

CIGNA (800) 962-3136 - www.cigna.com: Request an ID card, change PCP, download claim form, access claims history, access personal authorization information, visit online customer service, obtain answers to frequently asked questions.

HUMANA (800) 520-3798 - www.humana.com: Access customized homepage at MyHumana., check claims history, view prescription co-payment by drug name, order ID cards, report an address change, use risk assessment tools to gain better understanding of your overall health.

JMH (305) 575-3700 - www.jmhhp.com: View plan benefit summary and the current directory of participating providers.

VISTA (866) 847-8235 - www.vistahealthplan.com: Change PCP, order ID cards, request certificate of coverage, request assistance with a claim inquiry.

METLIFE (800) 845-1870 - www.metlife.com/mybenefits: Find an in-network dentist, view your benefit summary, check the status and details of your claim. Register to receive automatic email alerts when your claim has been processed.

ADP (800) 633-1262 & OHS (800) 432-3376 - www.compbenefits.com: Click "Member" icon, then "Contact", to find a participating dentist, request a new ID card, member materials, or other information.

Note: Benefit forms are also available through the County's employee portal. Access Group Life Beneficiary Designation, Flex Benefits Plan Status Change forms, MetLife Dental Claim, Optix Vision Claim, and FSA Reimbursement form.

On-Site Plan Representatives

For issues regarding medical claims, dependent eligibility, etc., visit or call your on-site plan representative located in the Benefits Administration Unit, Stephen P. Clark Center, 111 NW 1st Street, Suite 2340:

AvMed	(Mon-Fri, 8:30a-4:30p)	(305) 375-5306
CIGNA	(Mon-Fri, 8:30a - 5:00p)	(305) 375-2457
Humana	(Tue & Thu Only, 8:30a – 4:30p)	(305) 375-4119
VISTA	(Mon & Wed Only, 8:30a – 4:30p)	(305) 375-5408

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IMPORTANT DATES TO REMEMBER

Your Open Enrollment dates are:

October 18, 2004, through November 5, 2004.

Your Period of Coverage dates are:

January 1, 2005, through December 31, 2005.



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE. F.S. SECTION 817.234 (1) (B) (2000)

What's New for the 2005 Plan Year

- Your Flex Dollars are increasing from \$800 to \$1,000 annually.
 - The Flexible Benefits portion of your election form has been re-designed.
 - For employees who previously chose not to participate in the UnumProvident STD and/or LTD plan, an Evidence of Insurability (EOI) form must be completed to qualify you for coverage. Long-term and Short-term Disability coverage that requires medical evidence will not become effective until your application is approved by Unum Life Insurance Company of America. To receive an EOI form, see your Enrollment Counselor or call FBMC Customer Service at 1-800-342-8017. Mail the EOI form directly to Unum. A pre-printed envelope will be provided for your convenience.
 - You will be required to provide proof (at the time of application) of all dependents you wish to cover for 2005 if changing health plans, or making a change to your current plan. The Benefits Administration Unit of Risk Management Division, General Services Administration will review documentation received for dependents, with your last name, to establish eligibility. Failure to provide the information will jeopardize the coverage of your dependent(s).
- The health plans will continue to screen for the eligibility of dependents with last names that differ from yours and for the eligibility to continue benefits for dependent children beyond the limiting age of 19 years. This process will help us ensure that ineligible dependents are not being covered, and costing the plan (and you) money. Please see Page 8 of this Benefits Handbook for the criteria for dependent eligibility and the documentation required.

Important Enrollment Information

- Open Enrollment is October 18, 2004, through November 5, 2004.
- Complete an Enrollment Form by November 5, 2004, to make changes to your current benefits.
- Your 2005 Plan Year is January 1, 2005, through December 31, 2005.
- For more information, contact Fringe Benefits Management Company (FBMC) Customer Service by e-mail at **webcustomerservice@fbmc-benefits.com**, or call 1-800-342-8017, 7 a.m. to 10 p.m., Monday through Friday.
- This is a changes-only enrollment. **With the exception of your Flexible Spending Accounts (FSAs)**, all of your benefit selections will continue for the new plan year unless you decide to make a change on your election form.
- You **must** complete an election form if you wish to participate in or continue a Healthcare and/or Dependent Care Flexible Spending Account.
- You **must** complete an election form if you are enrolling in a new product or making changes to your benefit selections for the 2005 Plan Year.
- You may obtain worksite enrollment meeting schedules and an election form from your Departmental Personnel Representative.
- Be sure to bring your election form to your worksite enrollment meeting.
- Your 2005 Plan Year Miami-Dade benefits election form must be returned to your Departmental Personnel Representative no later than November 8, 2004.
- All 2005 Plan Year benefit elections will become effective January 1, 2005 (other than new hires).
- New hires who become eligible after October 1, 2004, must submit enrollment paperwork prior to their effective date of coverage. Contact your Departmental Personnel Representative for more details.
- In December, you will receive a confirmation notice for your Group Medical, Dental, Vision, Legal and Flexible Benefits Plan selections.
- If you have questions about the Flexible Benefits Plan, call Fringe Benefits Management Company (FBMC) Customer Service at 1-800-342-8017, or e-mail: webcustomerservice@fbmc-benefits.com.
- Don't miss your worksite enrollment and regional meetings scheduled for October 18 – November 5, 2004. Your Enrollment Counselor will offer you detailed information about your entire benefits package.
- Look for a schedule of regional meetings in the Open Enrollment October special edition of *Employee Outlook*. Representatives from the following providers will be available to answer questions: Group Medical, Group Dental, Group Vision, Group Disability Income Protection, Group Legal, Deferred Compensation and Fringe Benefits Management Company.
- The Open Enrollment period is an ideal time to review and update your beneficiary information. See your Departmental Personnel Representative to make beneficiary changes.
- Bring your dependent's Social Security Numbers and dates of birth to complete the dependent section of the enrollment form, if making a change.
- Only changes resulting from **processing errors will be made**. Processing errors are defined as incorrectly scanned forms, use of ink instead of pencil and the department's late submission of your form.

Getting answers to many of your benefit questions is now easier than ever. FBMC Customer Service offers you a variety of resources to make inquiries on your Flexible Spending Account, including information from the FBMC Web site, Interactive Voice Response system or Customer Service.

FBMC Web Site

FBMC's Web site provides information regarding your benefits and comprehensive details on your Flexible Spending Account(s).

By entering **www.fbmc-benefits.com** into your Internet browser, you will open FBMC's homepage. Answers to many of your benefit questions can be obtained by using the following navigational tabs located along the top portion of the home page.

Account Information

When you select the '**Account Information**' tab, you'll be prompted to enter your Social Security number and Personal Identification Number (PIN). After this login, the following menu items will be available to you.

- **My Benefits**— includes information on current benefits, such as effective date, number of deductions and pre-tax annual contribution
- **My Account Transactions**— allows review of transactions from your current and previous plan years, including grace period information
- **Account Balance**— gives specifics about account availability, paid amounts and payment status
- **My Claims**— provides information on open and current reimbursement claims such as date received, status and amount authorized
- **Change In Status**— enables confirmation of request status, date received and effective date
- **Tax Savings Analysis**— calculates potential per-pay-period and annual tax savings as well as long-term savings (no login required)

Downloading Forms

When you select the '**Download Forms**' tab, a choice of forms, including a Letter of Medical Need, FSA Reimbursement Request Claim Form and Direct Deposit Form, are posted for your convenience.

Frequently Asked Questions

The '**Frequently Asked Questions**' tab provides answers to many of your general questions regarding Flexible Spending Accounts and enrollment information.

FBMC Customer Service

The '**Customer Service**' tab gives you a direct link to the FBMC Customer Service Center.

FBMC Interactive Benefits

FBMC's 24-hour automated phone system, Interactive Voice Response (IVR), can be reached by calling 1-800-865-FBMC (3262). This system allows you to access your benefits any time. By following the voice prompts, you can find out a great deal of information about your benefits.

- Current Account Balance(s)
- Claim Status
- Mailing Address Verification
- Obtain FSA Reimbursement Request Claim Forms
- Change Your PIN

Personal Identification Number (PIN)

To access both the FBMC Web site and the Interactive Voice Response (IVR) system, all you need is your Social Security number (SSN). The last four digits of your SSN will be your first PIN, whether using the Web site or the IVR system. After your initial login, select your own confidential four-digit PIN to access both systems in the future. Your new PIN cannot be the last four digits of your SSN, as it was previously. If you forget your PIN, you may send an e-mail to a Customer Service Representative at **webcustomerservice@fbmc-benefits.com**. Once you've selected your new PIN, you may access information about your benefits.



Record PIN here.

Remember, this will be your PIN for both Web and IVR access.

Note: Please be sure to keep this Reference Guide in a safe, convenient place, and refer to it for benefit information.



Period of Coverage

Your period of coverage is the same as the plan year, January 1, 2005, through December 31, 2005, unless you terminate employment, reduce hours worked, go on an unpaid leave of absence, change your pre-tax benefit elections through a valid Change In Status or change your post-tax benefits.

Who is eligible for group benefits?

- Any full-time, regular Miami-Dade County employee who has completed 90 days of employment is eligible.
- Any part-time employee who consistently works at least 60 hours biweekly and has completed 90 days of employment is eligible.
- All employees are eligible to participate in the deferred compensation plan.
- Upon certain Qualifying Events, ex-spouses, children who cease to be dependents, employees going from full-time to part-time status and dependents of a deceased employee may be eligible for coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA).
- For questions regarding your eligibility for group medical, dental, vision or life insurance, call your Departmental Personnel Representative or the Benefits Administration Unit at 305-375-4288 or 305-375-5633.
- For questions regarding your eligibility for Flex Dollars, Flexible Spending Accounts, Disability Income Protection or Group Legal Services, call Fringe Benefits Management Company (FBMC) Customer Service at 1-800-342-8017.

New Employees

New hires who become eligible on or after October 1, 2004, must submit enrollment paperwork directly to their Departmental Personnel Representative prior to their effective date of coverage. Contact your Departmental Personnel Representative for more details.

Special Enrollment Rights Pertaining to Medical Benefits

If you are declining enrollment for yourself or your dependent (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependent in your employer's plan provided that you request enrollment within thirty (30) days after the other coverage ends.

Employees on Leave

If you participate in any of the benefits offered by Miami-Dade County and go on an approved leave of absence, or if you are in a "no-pay status" due to worker's compensation or suspension, it will affect your participation in the benefit plans. Contact your Departmental Personnel Representative for detailed information. See the *Leave of Absence Q&A* section of this Benefits Handbook for further details.

Terminating Employees (Except Retirement)

If you are a terminating employee, you can continue certain benefits by contacting the following providers within 60 days of your termination of employment:

- the FBMC Customer Service Department at 1-800-342-8017 to apply for continuation, on an after-tax basis, of your Healthcare FSA. If you elect to continue your Healthcare FSA through COBRA, you can be reimbursed for expenses incurred through the end of the plan year (December 31, 2005) or until you exhaust your account balance. If you choose not to continue your Healthcare FSA through COBRA, you can only be reimbursed for expenses incurred within your period of coverage.
NOTE: Your employer's Healthcare FSA Plan is not subject to COBRA continuation beyond the end of the plan year in which a COBRA-qualifying event occurs.
- Disability Income Protection and a Dependent Care FSA cannot be continued.
- If you are currently enrolled in: Medical, Dental and/or Vision coverage, the health plans will notify you of your COBRA continuation rights.



Miami-Dade County strives to provide competitive employee benefits. For the 2005 Plan Year, the County will provide every employee eligible for benefits with \$1,000 in Flex Dollars.

The County also provides you with several healthcare options and additional cash incentives. If you choose to enroll in an HMO for your medical coverage, you will receive additional Flex Dollars.

By enrolling in:

- AvMed, Humana or JMH Healthplan, you receive an extra \$130 in Flex Dollars per year, or \$5 per pay period.
- Vista Health Plan, you receive an extra \$260 in Flex Dollars per year, or \$10 per pay period.

What can you buy with Flex Dollars?

Flex Dollars can be used to pay the premiums for any of these pre-tax benefits:

- Dependent medical premiums
- Dependent dental premiums
- Enriched dental premiums for you and your dependents
- Vision plan premiums
- Healthcare Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA) and
- Short-Term and Long-Term Disability Income Protection.

You do not have to participate in the group medical, group dental or group vision plan to receive Flex Dollars.

When using Flex Dollars to purchase your benefits, your Federal Income and Social Security taxes are reduced, allowing you to keep more of your take-home pay.

If you use all of your Flex Dollars in selecting pre-tax benefits, you can elect to pay for any remaining eligible benefits from your pre-tax salary. In this case, premiums for your remaining pre-tax benefits will be taken directly from your pay before taxes. This lowers the amount of your taxable income; as a result, you pay less in taxes!

Another option is to use your Flex Dollars as taxable income. If you do not spend your Flex Dollars on pre-tax flexible benefits, they will be converted to taxable income (subject to federal withholding and Social Security taxes). You can use this taxable income to enroll in Group Legal Services, or you can consider part or all of the taxable income as a way to increase your contributions to the Deferred Compensation Plan.

Enrollment for 2005

Because Miami-Dade County's enrollment is a changes-only enrollment, all of your benefit selections from 2004 (**excluding** Healthcare and Dependent Care FSAs) will continue for the new plan year. However, if you would like to make a change to your benefit selection, continue your Flexible Spending Accounts or enroll in a new benefit, you must complete an election form and mark your changes accordingly.

What are the Flexible Benefits Plan Administrative Fees per pay period?

Medical/Dental premiums totaling \$10 or more will incur the following:

Premium Conversion fee.....	\$0.80
Healthcare Spending Account.....	\$1.25
Dependent Care Spending Account	\$1.25
Short-Term Disability Income	\$0.50
Long-Term Disability Income	\$0.50
Total Maximum fee.....	\$2.75

Remember, your total administrative fees for the Flexible Benefits Plan will not exceed \$2.75 per pay period, regardless of your individual fees.

Appeal Process for Denied FSA Claims

Approved appeals must comply with IRS regulations and the guidelines within your employer's plan(s). If you have an FSA reimbursement claim, a request for a mid-plan year election change or other similar request denied, in full or in part, you have the right to appeal the decision by sending a written request for review to FBMC within 30 days of your receipt of the denial. FBMC will, in its sole discretion, review on a uniform and consistent basis, the facts and circumstances of each timely submitted and completed appeal request.

Your written appeal must state: (i) why you think your claim or request should not have been denied; (ii) the name of your employer; (iii) the date of the services for which your claim or request was denied; (iv) a copy of the denied request; (v) the written denial you received; and (vi) any additional documents, information or comments you think may have a bearing on your appeal.

Within 30 business days of FBMC's receipt of your completed appeal, the Appeals Panel will review your appeal and notify you of the results of its review. In unusual cases, as when review of your appeal requires additional documentation, the review may take longer. If your appeal is approved, additional processing time is required to modify your benefit elections.

As an eligible Miami-Dade County employee, you may choose from five different medical plans:

- CIGNA HealthCare, Point of Service (POS)
- AvMed HMO
- Humana HMO
- JMH Health Plan HMO
- Vista HMO

A Point of Service (POS) plan allows you to receive services from an in-network or out-of-network provider of your choice. In-network, the "Primary Care Physician" (PCP), chosen by you, manages all healthcare and refers you to specialists based on medical necessity. If you choose an out-of-network physician, your healthcare services will be subject to the plan deductible and co-insurance provisions.

A Health Maintenance Organization (HMO) provides a wide range of healthcare services to you on a prepaid basis. Under this plan, you receive medical services at no cost or for a moderate co-payment—without deductibles or claim forms. A "Primary Care Physician" (PCP) manages all healthcare and refers you to specialists based on medical necessity. Services other than those due to an emergency must be received by a participating provider within the plan service area.

If you enroll in AvMed, Humana or the JMH Health Plan, you will receive an additional \$5 in Flex Dollars per pay period. If you enroll in Vista, you will receive an additional \$10 in Flex Dollars per pay period.

Union Plan: Members of the FIRE Union may be eligible for coverage in their Union-sponsored plan. Contact your Union office for further details.

IMPORTANT NOTE: PLEASE DO NOT COMPLETE SECTION 6 (MEDICAL) OF YOUR ELECTION FORM UNLESS YOU ARE ENROLLING IN OR MAKING A CHANGE (EX: CHANGING PLANS, ADDING OR DELETING DEPENDENTS) TO YOUR MEDICAL COVERAGE FOR THE 2005 PLAN YEAR.

Who are Eligible Dependents?

The following dependents are eligible for Group Medical, Group Dental and/or Group Vision coverage:

- Your spouse, as recognized by the State of Florida, unless also an eligible County or Public Health Trust employee
- Your unmarried natural child (including a newborn), stepchild, foster child, adopted child (including a newborn child who is required to be eligible for membership as an adopted child in conformity with applicable law) or a child for whom the employee has been appointed legal guardian, pursuant to a valid court order, and the child is under the limiting age. The eligibility limiting age of an unmarried dependent child is the end of the calendar year in which the child reaches age 19. Coverage (except for Foster children in court-ordered custody or guardianship of the employee) may be extended until the end of the calendar year in which the dependent child reaches age 25, if all of the following requirements are met: a.) the unmarried child is dependent upon the employee for financial support and b.) the unmarried child is living in the household of the employee or the unmarried child is a full-time or part-time student.

The health plan will require acceptable documentation that the child meets and continues to meet such requirements. Acceptable proof that the child continues to meet the eligibility criteria beyond age 19 may include a.) a completed tax return for prior year or affidavit of support and proof of b.) student status or c.) the child resides in your household.

- Coverage for an unmarried dependent child may be continued beyond age 25 if physically or mentally disabled (coverage must begin before age 25.) Proof of disability will be required by the medical/dental/vision plan.

Type of Documentation Required by Dependent Type

Spouse	Copy of official certified or registered Marriage Certificate (religious certificates are not acceptable)
Child(ren)	Copy of official Birth Certificate(s) showing employee as parent (birth cards are not acceptable)
Stepchildren	Copy of official Birth Certificate(s) AND copy of official State certified or registered Marriage Certificate
Child(ren) under Legal Guardianship, Custody or Foster Care	Copy of Legal Guardianship/Custody document from the Courts or copy of Foster Care documentation from Courts.
Child(ren) adopted or child(ren) in the process of adoption	Copy of Legal Adoption documentation showing relationship to employee and placement in employee's home or copy of Adoption Certificate issued through the Courts.
*Grandchild(ren) OR other child not related	Copy of official Birth Certificate(s) of child(ren) AND copy of Legal Guardianship, Adoption or Foster Care document from the Courts.

* A dependent of a dependent (child born to an enrolled child dependent) may remain on the plan for up to 18 months from the date of birth. After 18 months, the dependent of the dependent must meet the criteria of legal guardianship by the employee or spouse.

Is coverage guaranteed?

During Open Enrollment eligible employees and their dependents are guaranteed enrollment in any of the County-sponsored medical plans. Eligible new hires and their dependents are also guaranteed coverage in any of the County-sponsored medical plans if they enroll during their initial eligibility period. Coverage is also guaranteed if you enroll yourself and/or your dependents within 30 days of a Change In Status (60 days for newborns), or if you qualify under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See the *Changing Your Coverage* section for more information on Changes In Status and HIPAA.

For additional information on medical plans and rates, refer to your Benefit Comparison Chart distributed with your 2005 Plan Year Benefits Booklet.

If you have health coverage, your co-payments or uninsured, out-of-pocket expenses may be eligible for reimbursement through your Healthcare FSA. See Page 15 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.

Group Dental Plan

You may enroll yourself and your eligible dependents for dental coverage even if you don't elect medical coverage. You may choose the plan that best suits your needs:

- MetLife's Standard or Enriched Dental Indemnity plan
- American Dental Plan's Standard or Enriched Dental prepaid plan
- Oral Health Services' Standard or Enriched Dental Prepaid plan
- **Indemnity:** Standard or Enriched. Select the dentist of your choice. Benefits are payable at various coinsurance levels. A deductible is applied for services other than preventive and diagnostic. Annual maximum reimbursements are: \$1,000 per person for the Standard plan and \$1,500 per person for the Enriched plan. The Enriched plan also includes orthodontia.
- **Prepaid:** Standard or Enriched. Choose a plan dentist from a list of participating dentists and receive coverage for a variety of services. Most preventive, diagnostic and many other services are provided at no additional cost to members. Some services have fixed co-payments. There are no claim forms, no deductibles and no annual dollar maximum under the prepaid dental programs. The Enriched Prepaid Dental plan provides additional benefits and speciality coverage not covered under the Standard program.

Services must be received by a participating provider within the plan's service area.

Group Vision Plan

VisionCare, Inc. (VCI), a subsidiary of CompBenefits, offers the Optix vision plan to all employees eligible for medical and dental coverage regardless of union affiliation. Employees pay the full cost of the program. You and your enrolled dependents, if any, will receive an annual comprehensive eye exam at no charge with a participating optometrist or ophthalmologist. Members may also receive a pair of glasses every year, at no extra charge, from a special selection of frames available at participating providers. Contact lenses or other frames are available as alternate benefits. This program allows you to use non-participating providers and be reimbursed according to the non-participating benefit schedule. See the Optix plan literature for plan benefits, limitations and rates.

Union Plan

If you are enrolled in the IAFF FIRE Union-sponsored health plan, you may elect coverage through the Optix vision plan, but you cannot participate in any County-sponsored dental program.

Is coverage guaranteed?

You are guaranteed group dental and group vision coverages as long as you enroll during Open Enrollment, during your initial eligibility period, within 30 days of a Change In Status (60 days for newborns), or if you are qualified under HIPAA.

If you have dental or vision coverage, your co-payments or uninsured out-of-pocket expenses may be eligible for reimbursement through your Healthcare FSA. See Page 15 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.

IMPORTANT NOTE: PLEASE DO NOT COMPLETE SECTIONS 7 OR 8 OF YOUR ELECTION FORM UNLESS YOU ARE ENROLLING FOR OR MAKING A CHANGE (ADDING OR DELETING DEPENDENTS) TO YOUR DENTAL OR VISION PLAN FOR 2005 PLAN YEAR. ALL OF YOUR CURRENT INSURANCE SELECTIONS WILL REMAIN THE SAME FOR THE 2005 PLAN YEAR IF YOU DO NOT SUBMIT AN ELECTION FORM.

FOR ADDITIONAL INFORMATION ON DENTAL PLANS AND RATES, REFER TO YOUR BENEFIT COMPARISON CHART DISTRIBUTED WITH THIS BOOKLET OR CONTACT THE PLAN.

FOR ADDITIONAL INFORMATION ON OPTIX VISION BENEFITS AND RATES, REFER TO THE OPTIX PLAN LITERATURE OR CONTACT THE PLAN.



Prepaid vision care is a valuable benefit that every employee should consider.

Excellent Benefits

You and your enrolled dependents can receive a comprehensive eye exam, once a year, with a \$10 co-payment from a participating optometrist or ophthalmologist. You may also receive a pair of glasses every year, at no extra charge, chosen from a large selection of frames available at participating providers. If you prefer non-covered frames or contact lenses, alternate benefits are available. See plan literature for details.

Biweekly Rates

26 pay periods

Employee only	\$2.30
Employee + one dependent	\$4.60
Employee + two or more dependents	\$8.48

What you can expect:

- Immediate savings
- Convenient locations
- Quality professional care and services
- No complicated forms to fill out
- No long waits for rebates
- Out-of-network benefits

LASIK

Optix offers the LASIK procedure for plan members who are near-sighted or have astigmatism and wear glasses or contacts. Optix has contracted with many of the finest LASIK facilities and eye doctors to offer this procedure at substantially reduced fees.

Easy as 1-2-3...

1. Look for the Optix Benefit Brochure at the enrollment sessions and remember to elect Optix coverage on your enrollment form if you are not currently enrolled.
2. When you are ready for services, call one of the Optix providers listed in your benefits brochure.
3. Identify yourself as an Optix member and sign the benefits form at the time of your appointment.

That's all you do. We do the rest!

Get More Information

For more about this plan and how it works, get in touch with Optix by calling the toll-free number: 1-800-EYE-CURE.

If you have dental or vision coverage, your co-payments or uninsured, out-of-pocket expenses may be eligible for reimbursement through your Healthcare FSA. See Page 15 for a partial list of eligible expenses or call FBMC Customer Service at 1-800-342-8017.



Most Americans do not have enough money in personal or other long-term savings accounts to afford to miss more than two months of work without having to borrow money. Disability insurance protects your most valuable asset: the ability to work. The Disability Insurance Plans provide you with a weekly or monthly income if you become disabled.

You may choose short-term or long-term disability insurance, or both to secure your source of income, should you become disabled.

For employees who previously chose not to participate in this plan, an Evidence of Insurability form must be completed to qualify you for coverage. Short-Term and Long-Term Disability insurance that requires medical evidence of insurability will not become effective until your application is approved by UnumProvident and you are actively at work. To receive an Evidence of Insurability form, see your FBMC Enrollment Counselor or your DPR.

Short-Term Disability Insurance Highlights

- The plan provides up to 60 percent of your weekly salary, with a maximum benefit of \$400 per week for a maximum of 26 weeks.
- Benefits begin after 14 consecutive days of sickness or injury, or the expiration of all sick leave, whichever is greater. Annual leave will automatically be used unless you submit a written request for it not to be paid to you. An employee must be actively at work for coverage to begin.
- Pregnancy/childbirth is considered a disability just like any other illness or injury that may occur while covered under this plan. For a normal childbirth, disability typically covers you up to a total of six weeks. (Example: if you have two weeks of sick leave, your Unum benefits would be payable for four weeks.)
- To receive benefits, you must be unable to perform each of the material duties of your occupation as a result of sickness or injury.
- No pre-existing clause applies.
- Minimum requirement for active employment: 60 hours bi-weekly
- There is no waiver of premium if approved for benefits.

What's Not Covered

Sickness or injuries not covered are those resulting from:

- War or acts of war, declared or undeclared
- Active participation in a riot
- Committing or attempting to commit a felony or assault and
- Work related injury or sickness.
- Intentionally self-inflicted injuries.

Long-Term Disability Insurance Highlights

- The plan provides up to 60 percent of your monthly salary, with a maximum benefit of \$1,500 per month up to age 65 or later, depending on your age when you were disabled. Employees over age 60 will have a maximum benefit period of one to five years depending on the age of the employee.
- The minimum benefit is the greater of \$100 per month, or 10 percent of the monthly benefit before deductions for other income benefits.
- Benefits begin after 180 consecutive days of disability. Exhaustion of any short-term disability or the expiration of all sick leave, whichever occurs later, must occur before benefits begin. Annual leave will automatically be used unless you submit a written request for it not to be paid to you. An employee must be actively at work for coverage to begin.
- As long as you are receiving disability benefits from UnumProvident, your monthly premiums are waived.
- Minimum requirement for active employment: 60 hours bi-weekly

"Disability" Defined:

You are disabled when UnumProvident determines that:

1. you are limited from performing the material and substantial duties of your regular occupation due to sickness or injury and
2. you have 20 percent or more loss in your indexed or monthly earnings due to the same sickness or injury.

You will continue to receive payments beyond 24 months if you are also:

1. working in any occupation and continue to have a 20 percent or more loss in your indexed monthly earnings due to your sickness or injury or
2. not working and, due to the same sickness or injury, are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

What's Not Covered

Sickness or injuries not covered are those resulting from:

- War or acts of war, declared or undeclared
- Active participation in a riot
- Committing or attempting to commit an assault or felony
- Work related injury or sickness and
- Intentionally self-inflicted injuries.

Rehabilitation and Return to Work Assistance

Long-term Disability Insurance features the Rehabilitation and Return to Work Assistance benefit. Vocational rehabilitation experts provide qualified employees with formalized assessment and planning as well as financial support to help them return to productive, independent lifestyles.



Assist America®

Just one phone call gives employees and their families 24-hour emergency medical and legal resources any time they travel away from home. Assist America®, a worldwide emergency assistance service for traveling employees and their families, is one of the nation's largest providers of emergency travel services through employee benefit plans. Assist America® provides travelers a range of services, including pre-departure information and assistance finding lost luggage. More importantly, it is there for medical emergencies, providing:

- Access to English-speaking and Western-trained doctors or facilities anywhere in the world or evacuation to where such care is available, and
- Repatriation under medical supervision when necessary.

Other available services include: 24-hour multilingual service, medical consultation, hospital admission guarantee, critical care monitoring, emergency prescription services, return of mortal remains, care for minor children, and legal and interpreter referrals.

Assist America® is a registered trademark of Assist America, Inc.

Annual Leave and Your Disability Benefits

If you are on sick leave and your sick leave runs out, the County automatically uses any accrued annual leave. However, if you purchase short-term or long-term disability insurance, you can choose not to be paid for your annual leave even if you exhaust your sick leave. Contact your Departmental Personnel Representative and **request in writing** that your annual leave not be paid to you during your absence from work due to illness.

What if I receive benefits from another group disability plan, Social Security or the Florida Retirement System?

Both the short-term and long-term disability plans coordinate with benefits payable under any statutory disability law, the Federal Social Security Act and any other federal, state, county or municipal retirement acts or laws. These benefits also coordinate with any other group policies you may have that provide disability benefits. Any employer-sponsored salary continuation or retirement program benefits are coordinated as well.

Coordination of disability benefits means the disability insurance payments you receive are offset by the amount you receive from other disability group plans. For example, if you become disabled and receive disability payments while receiving payments from the U.S. government, the amount of your government income will determine the final amount you receive from your disability policy. Your LTD plan is designed to balance the total amount you receive for the same disability.

Termination of Coverage

Your coverage under the policy ends on the earliest of the following:

- the date the policy or plan is canceled
- the date you no longer are in an eligible group
- the date your eligible group is no longer covered
- the last day of the period for which you made any required contributions or
- the last day you are in active employment except as provided under the covered layoff or leave of absence provision.

UnumProvident will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

Delayed Effective Date

This insurance coverage will be delayed if you are not in active employment because of injury, sickness, temporary layoff or leave of absence on the date that this insurance would otherwise become effective.

Your tax-free rates are based on your age on the day your plan becomes effective:

Biweekly premiums

Attained age as of 1/1/2005

	Short-term	Long-term
to age 29	\$ 5.01	\$ 1.81
age 30-39	\$ 5.94	\$ 2.81
age 40-49	\$ 7.18	\$ 5.93
age 50-59	\$ 9.32	\$13.69
age 60+	\$12.80	\$13.34

Plan Provider

UnumProvident underwrites this plan. The A.M. Best Company, an organization that compares and rates the financial strength and performance of insurance companies, has rated UnumProvident "A-," Excellent (as of April 25, 2003).

This Plan Highlight Summary is provided to help you understand your insurance coverage from UnumProvident. If the terms of this Plan Highlight Summary and the policy differ, the policy will govern.

What is a Flexible Spending Account (FSA)?

Fringe Benefits Management Company (FBMC) provides you with IRS tax-favored FSAs to stretch your medical expense and dependent care dollars.

Flexible Spending Accounts feature:

- IRS-approved reimbursement of eligible expenses tax free
- per-pay-period deposits from your pre-tax salary and
- savings on income and Social Security taxes.

Is an FSA right for me?

If you spend \$260 or more on recurring eligible expenses during your plan year, you may save money by paying for them with an FSA. A portion of your salary is deposited into your FSA each pay period.

- You decide the amount you want deposited.
- You are reimbursed for eligible expenses before income and Social Security taxes are deducted.
- You save income and Social Security taxes each time you receive wages.
- Determine your potential savings with a Tax Savings Analysis at www.fbmc-benefits.com/customer/taxanalysis.asp.

What types of FSAs are available?

Your employer offers you a Healthcare FSA as well as a Dependent Care FSA. If you incur both types of expenses during a plan year, you can establish both types of FSAs.

Healthcare FSAs

Medical expenses not covered by your insurance plan may be eligible for reimbursement using your Healthcare FSA, including:

- birth control pills
- eyeglasses
- orthodontia and
- Over-the-Counter items. (see FBMC's Web site for quarterly updates)

Dependent Care FSAs

Dependent care expenses, whether for a child or an elder, include any expense that allows you to work, such as:

- day care services
- in-home care
- nursery and preschool and
- summer day camps.

Refer to the *Healthcare FSA* and *Dependent Care FSA* sections of this Reference Guide for specifics on each type of FSA.

Receiving Reimbursement

Your reimbursement will be processed within five business days from the time FBMC receives your properly completed and signed FSA Reimbursement Request Form. To avoid delays, follow the instructions for submitting your requests located in the FSA materials you will receive following enrollment.

Direct Deposit

Enroll in Direct Deposit to expedite the time of your reimbursement.

- FSA reimbursement funds are automatically deposited into your checking or savings account.
- There is no fee for this service.
- You don't have to wait for postal service delivery of your reimbursement (however, you will receive notification that the claim has been processed).

To apply, complete the Direct Deposit Enrollment Form available from your **Enrollment Counselor**, visit www.fbmc-benefits.com or call FBMC Customer Service at 1-800-342-8017. Please note that processing your Direct Deposit enrollment may take between four to six weeks.

Where can I get information about FSAs?

If you have specific questions about FSAs, contact FBMC Customer Service.

- Visit www.fbmc-benefits.com.
- E-mail webcustomerservice@fbmc-benefits.com.
- Call 1-800-342-8017 (Monday-Friday, 7 a.m.-10 p.m. ET).

Please note that due to FBMC's Privacy Policy, we will not discuss your account information with others without your verbal or written authorization.

FSA Savings Example*

\$31,000	Annual Gross Income	\$31,000
<u>- 5,000</u>	FSA Deposit for Recurring Expenses	<u>- 0</u>
\$26,000	Taxable Gross Income	\$31,000
<u>- 5,889</u>	Federal, Social Security Taxes	<u>-7,021</u>
\$20,111	Annual Net Income	\$23,979
<u>- 0</u>	Cost of Recurring Expenses	<u>-5,000</u>
\$20,111	Spendable Income	\$18,979

By using an FSA to pay for anticipated recurring expenses, you convert the money you save in taxes to additional spendable income. That's a potential annual savings of

\$1,132!

* Based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year

FSA Guidelines:

1. The IRS does not allow you to pay your medical or other insurance premiums through either type of FSA. Refer to the "Written Certification" portion of the *Beyond Your Benefits* section of this Benefits Handbook for more specifics.
2. You cannot transfer money between FSAs or pay a dependent care expense from your Healthcare FSA or vice versa.
3. You have a 90-day grace period (until March 31, 2006) at the end of the plan year for reimbursement of eligible FSA expenses incurred during your period of coverage within the 2005 Plan Year.
4. You may not receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
5. You cannot deduct reimbursed expenses for income tax purposes.
6. You may not be reimbursed for a service which you have not yet received.
7. Be conservative when estimating your medical and/or dependent care expenses for the 2005 Plan Year. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and all reimbursable requests have been submitted and processed cannot be returned to you nor carried forward to the next plan year.

Termination or Leave:**HEALTHCARE FSAs**

If you experience an event permitting a mid-plan year FSA election change such as termination of employment or unpaid leave, you can continue to contribute to your Healthcare FSA on an after-tax basis by calling FBMC Customer Service at 1-800-342-8017 within 30 days of the event. You may also e-mail FBMC Customer Service at webcustomerservice@fbmc-benefits.com.

As long as you make full after-tax contributions to your Healthcare FSA, you can receive reimbursements on eligible healthcare expenses incurred during your period of coverage.

You have a 90-day grace period after the plan year ends to submit claims for reimbursement of eligible FSA expenses which you incurred during the plan year. Your Healthcare FSA coverage will not be continued beyond the plan year in which the COBRA-qualifying event occurred.

The Family and Medical Leave Act (FMLA) may affect your rights to continue coverage when on leave. Please contact your employer for further information.

DEPENDENT CARE FSAs

You cannot continue contributing to your Dependent Care FSA. You can, however, continue to request reimbursement for eligible expenses incurred while employed until you exhaust your account balance or the plan year ends.

What documentation of expenses do I need to keep?

The IRS requires FSA customers to maintain complete documentation, including keeping copies of receipts for reimbursed expenses, for a minimum of one year.

How do I get the forms I need?

To obtain forms you will need after enrolling in either a Healthcare or Dependent Care FSA, such as an FSA Reimbursement Request Form, Letter of Medical Need or Direct Deposit Form, you can visit FBMC's Web site, **www.fbmc-benefits.com**, or call FBMC Customer Service at 1-800-342-8017. For more information, refer to the *Getting Answers* section of this Benefits Handbook.

Will contributions affect my income taxes?

Salary reductions made under a cafeteria plan, including contributions to one or both FSAs, will lower your taxable income and taxes. These reductions are one of the money-saving aspects of starting an FSA. Depending on the state, additional state income tax savings or credits may also be available. Your salary reductions will reduce earned income for purposes of the federal Earned Income Tax Credit (EITC).

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax advisor and/or the IRS for additional information.



Minimum Annual Deposit:

\$260 per year (\$10 per pay period)

Maximum Annual Deposit: \$5,000

(including a \$32.50 annual administrative fee)

What is a Healthcare FSA?

A Healthcare FSA is an IRS tax-favored account you can use to pay for your eligible medical expenses not covered by your insurance or any other plan. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax free. A partial list of these eligible expenses can be found on this page.

Whose expenses are eligible?

Your Healthcare FSA may be used to reimburse eligible expenses incurred by:

- yourself
- your spouse and
- your tax dependents.

To qualify as your tax dependent, an individual must:

- be your relative, or
- live with you for the entire calendar year if not your relative.

In either case, the individual must also be:

- a U.S. citizen or a resident of the U.S., Mexico or Canada and
- the recipient of at least half of their total support and/or expenses during the calendar year from you.

An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Healthcare FSA.

When are my funds available?

Once you sign up for a Healthcare FSA and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Since you don't have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses at the start of the plan year.

Are prescriptions eligible for reimbursement?

Yes, most filled prescriptions are eligible for Healthcare FSA reimbursement, as long as you properly substantiate the expense. Proper submission of the reimbursement request is needed to ensure that the drug is eligible for reimbursement. The IRS requires the complete name of all medicines and drugs be obtained and documented on pharmacy receipts (including prescription number, date(s) of service, and total dollar amount). This information must be included when submitting your request to FBMC for reimbursement.

Partial List of Medically Necessary Eligible Expenses*

Acupuncture
Ambulance service
Birth control pills and devices
Chiropractic care
Contact lenses (corrective)
Dental fees
Diagnostic tests/health screening
Doctor fees
Drug addiction/alcoholism treatment
Drugs
Experimental medical treatment
Eyeglasses
Guide dogs
Hearing aids and exams
Injections and vaccinations
In vitro fertilization
Nursing services
Optometrist fees
Orthodontic treatment
Over-the-Counter items
Prescription drugs to alleviate nicotine withdrawal symptoms
Smoking cessation programs/treatments
Surgery
Transportation for medical care
Weight-loss programs/meetings
Wheelchairs
X-rays

Note: Budget conservatively. No reimbursement or refund of Healthcare FSA funds is available for services that do not occur within your plan year.

* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

Can travel expenses for medical care be reimbursed?

Travel expenses primarily for, and essential to, receiving medical care, including health care provider and pharmacy visits, may be reimbursable through your Healthcare FSA. With proper substantiation, eligible expenses can include:

- actual round-trip mileage
- parking fees
- tolls and
- transportation to another city.



Is orthodontic treatment reimbursable?

Orthodontic treatment designed to treat a specific medical condition is reimbursable if the proper documentation is attached to the initial FSA Reimbursement Request Form each plan year:

- a written statement from the treating dentist/orthodontist showing the type and date the service incurred, the name of the eligible individual receiving the service and the cost for the service
- a Letter of Medical Need from the treating dentist/orthodontist and
- a copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment.

Reimbursement of the full or initial payment amount may only occur during the plan year in which the braces are first installed. For reimbursement options available under your employer's plan, including care that extends beyond one or more plan years, refer to the information provided following your enrollment, or call FBMC Customer Service at 1-800-342-8017.

Should I claim my expenses on IRS Form 1040?

With a Healthcare FSA, the money you set aside for health care expenses is deducted from your salary before taxes. It is always tax free, regardless of the amount. By enrolling in a Healthcare FSA, you guarantee your savings.

Itemizing your health care expenses on your IRS Form 1040 may give you a different tax advantage, depending on their percentage of your adjusted gross income. You should consult a tax professional to determine which avenue is right for you.

Are some expenses ineligible?

Expenses not eligible for reimbursement through your Healthcare FSA include:

- insurance premiums
- vision warranties and service contracts and
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

Complete information on ineligible expense can be found in IRS Publication 502 at www.irs.gov.

When do I request reimbursement?

You may use your Healthcare FSA to reimburse eligible expenses after you have sought (and exhausted) all means of reimbursement provided by your employer and any other appropriate resource. Also keep in mind that some eligible expenses are reimbursable on the date available, not the date ordered.

How do I request reimbursement?

Requesting reimbursement from your Healthcare FSA is easy. Simply mail or fax a correctly completed FSA Reimbursement Request Form along with the following:

- a receipt, invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided and
- an Explanation of Benefits (EOB)* from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost or
- a written statement from your health care provider indicating the service was medically necessary if those services could be deemed cosmetic in nature, accompanied by the receipt, invoice or bill for the service.

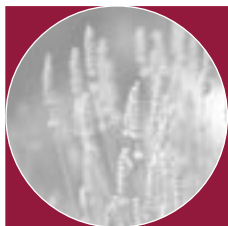
Mail to: Contract Administrator
Fringe Benefits Management Company
P.O. Box 1800
Tallahassee, FL 32302-1800

Fax to: 850-425-4608

Visit www.fbmc-benefits.com for a list of frequently asked questions.

You must keep your receipts for a minimum of one year and submit to FBMC upon request.

* EOBs are not required if your coverage is through a HMO.



Over-the-Counter Expenses

Your Over-the-Counter (OTC) items, medicines and drugs may be reimbursable through your Healthcare FSA! Save valuable tax dollars on certain categories of OTC items, medicines and drugs. You may be reimbursed for OTCs through your Healthcare FSA if:

- the item, medicine or drug was used for a specific medical condition for you, your spouse and/or your dependent(s)
- the submitted receipt clearly states the purchase date and name of the item, medicine or drug
- the reimbursement request is for an expense allowed by your employer's Healthcare FSA plan and IRS regulations and
- you submit your reimbursement request in a timely and complete manner already described in your benefits enrollment information.

Note: OTC items, medicines and drugs, including bulk purchases, must be used in the same plan year in which you claim reimbursement for their cost. The list of eligible OTC categories will be updated on a quarterly basis by FBMC. It is your responsibility to remain informed of updates to this listing, which can be found at www.fbmc-benefits.com. As soon as an OTC item, medicine or drug becomes eligible under any of the categories below, it will be reimbursable retroactively to the start of the current plan year.

Newly eligible OTC items, medicines and drugs are not considered a valid change in status event that would allow you to change your annual Healthcare FSA election or salary reduction amount. Be sure to maintain sufficient documentation to submit receipts for reimbursement. You may resubmit a copy of your receipt from your records if a rejected OTC expense becomes eligible for reimbursement later in the same plan year.

Eligible Expense Categories

Allergy

Antihistamines
Nasal sprays

Antacids

Heartburn medicines

Cold Remedies

Cough drops
Decongestants
Nasal strips
Nasal sprays
Sinus medications
Throat lozenges

Pain Relief

Bug bite medication
Fever reducers
First aid creams (diaper, fever blister, poison ivy)
Menstrual cycle products for pain and cramp relief
Products for muscle or joint pain
Special ointments or creams for sunburn
Topical creams

Other Medical Remedy Items

Anti-diarrheals
Anti-fungals
Antibiotics
Asthma medications
Bandages, gauze pads, rubbing alcohol, liquid adhesives

Carpal tunnel wrist supports
Cold/hot packs for injuries
Corn/callus removers
Eye products (including reading glasses, contact lens cleaning solutions)
First aid kits
Hemorrhoid treatments
Laxatives
Motion sickness treatments
Nicotine gum or patches for smoking cessation purposes
Thermometers
Wart removers

Items Requiring Special Documentation*

Botanicals/herbals
Feminine hygiene products
Hormones
Minerals
Nasal sprays for snoring
Sunscreens
Vitamins
Weight-loss drugs to treat a specific disease

Ineligible OTC Expenses

Cosmetics
Toiletries
OTC items primarily for general health and well-being

* Contact FBMC Customer Service at webcustomerservice@fbmc-benefits.com or call FBMC Customer Service at 1-800-342-8017 for more information or to obtain a sample Letter of Medical Need or Personal Use/Capital Expenditures Statement.



Minimum Annual Deposit: \$260 per year
(\$10 per pay period)

Maximum Annual Deposit: The maximum contribution depends on your tax filing status as the list below indicates.
(including a \$32.50 administrative fee)

What is a Dependent Care FSA?

A Dependent Care FSA is an IRS tax-favored account you can use to pay for your eligible dependent care expenses to ensure your dependents (child or elder) are taken care of while you and your spouse (if married) are working. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax free. A partial list of these eligible expenses can be found on this page.

Whose expenses are eligible?

Under the Dependent Care FSA, you may be reimbursed for eligible dependent care expenses incurred by individuals residing in your household for at least eight hours a day including:

- children 12 years or younger and
- adults/children mentally or physically incapable of self-care.

What is my maximum annual deposit?

- If you are married and filing separately, your maximum annual deposit is \$2,500.
- If you are single and head of household, your maximum annual deposit is \$5,000.
- If you are married and filing jointly, your maximum annual deposit is \$5,000.
- If either you or your spouse earn less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

When are my funds available?

Once you sign up for a Dependent Care FSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Healthcare FSA, the entire maximum annual amount is not available during the plan year, but rather after your payroll deductions are received.

Partial List of Eligible Expenses*

After school care
Baby-sitting fees
Day care services
In-home care/au pair services
Nursery and preschool
Summer day camps

Note: Budget conservatively. No reimbursement or refund of Dependent Care FSA funds is available for services that do not occur within your plan year.

* IRS-qualified expenses are subject to federal regulatory change at any time during a tax year. Certain other substantiation requirements and restrictions may apply, and will be supplied to you following enrollment.

Should I claim tax credits or exclusions?

Since money set aside in your Dependent Care FSA is always tax free, you guarantee savings by paying for your eligible expenses through your IRS tax-favored account. Depending on the amount of income taxes you are required to pay, participation in a Dependent Care FSA may produce a greater tax benefit than claiming tax credits or exclusions alone.

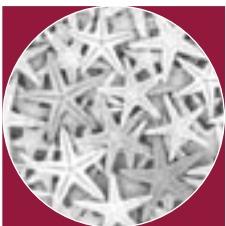
Remember, you cannot use the dependent care tax credit if you are married and filing separately. Further, any dependent care expenses reimbursed through your Dependent Care FSA cannot be filed for the dependent care tax credit, and vice versa.

To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax advisor and/or the IRS for additional information. You may also visit **www.fbmc-benefits.com** to complete a Tax Savings Analysis.

Are some expenses ineligible?

Expenses not eligible for reimbursement through your Dependent Care FSA include:

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age 19.



Will I need to keep any additional documentation?

To claim the income exclusion for dependent care expenses on IRS Form 2441 (Child and Dependent Care Expenses), you must be able to identify your dependent care provider. If your dependent care is provided by an individual, you will need their Social Security number for identification, unless he or she is a resident or non-resident alien who does not have a Social Security number. If your dependent care is provided by an establishment, you will need its Taxpayer Identification number.

If you are unable to obtain a dependent care provider's information, you must compose a written statement that explains the circumstances and states that you made a serious and earnest effort to get the information. This statement must accompany your IRS Form 2441.

When do I request reimbursement?

You can request reimbursement from your Dependent Care FSA as often as you like. However, your approved expense will not be reimbursed until the last date of service for which you are requesting reimbursement has passed. Also, remember that for timely processing of your reimbursement, your payroll contributions must be current.

Be certain you obtain and submit all needed information when requesting reimbursement from your Dependent Care FSA. This information is required with each request for reimbursement.

A properly completed request will help speed along the process of your reimbursement, allowing you to receive your check or Direct Deposit promptly.

How do I request reimbursement?

Requesting reimbursement from your Dependent Care FSA is easy. Simply mail or fax a correctly completed FSA Reimbursement Request Form along with receipts showing the following:

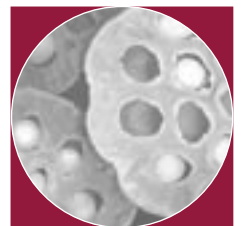
- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

Be certain you obtain and submit the above information when requesting reimbursement from your Dependent Care FSA. This information is required with each request for reimbursement.

Mail to: Contract Administrator
Fringe Benefits Management Company
P.O. Box 1800
Tallahassee, FL 32302-1800

Fax to: 850-425-4608

Note: If you elect to participate in the Dependent Care FSA, or if you file for the Dependent Care Tax Credit, you must attach IRS Form 2441, reflecting the information above, to your 1040 income tax return. Failure to do this may result in the IRS denying your pre-tax exclusion.



To figure out how much to deposit in your FSA, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FSA descriptions in this Reference Guide for limits.)

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

HEALTHCARE FSA WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles	\$ _____
Coinsurance or co-payments	\$ _____
Vision care	\$ _____
Dental care	\$ _____
Prescription drugs	\$ _____
Travel costs for medical care	\$ _____
Other eligible expenses	\$ _____

TOTAL

Estimated uninsured expenses for your period of coverage during the plan year. Amount cannot exceed \$4,967.50. **Enter this amount in section 3A of your 2005 Plan Year Miami-Dade Benefits Election form.**

\$ _____

DIVIDE by the number of paychecks you will receive during the plan year (26).*

\$ _____

This is your pay period contribution.

\$ _____

Remember to review your first paycheck to be certain the correct amount has been reduced from your salary (\$191.05 maximum per pay period).

* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

DEPENDENT CARE FSA WORKSHEET

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Day care services	\$ _____
In-home care/au pair services	\$ _____
Nursery and preschool	\$ _____
After school care	\$ _____
Summer day camps	\$ _____

ELDER CARE SERVICES

Day care center	\$ _____
In-home care	\$ _____

TOTAL

Estimated uninsured expenses for your period of coverage during the plan year. Amount cannot exceed \$4,967.50. **Enter this amount in section 3B of your 2005 Plan Year Miami-Dade Benefits Election form.**

\$ _____

DIVIDE by the number of paychecks you will receive during the plan year (26).*

\$ _____

This is your pay period contribution.

\$ _____

Remember to review your first paycheck to be certain the correct amount has been reduced from your salary (\$191.05 maximum per pay period).

* If you are a new employee enrolling after the plan year begins, divide by the number of pay periods remaining in the plan year.

At your request, your FSA reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit.



Am I permitted to make mid-plan year election changes?

Under some circumstances, your employer's plan(s) and the IRS may permit you to make a mid-plan year election change to your benefit elections, or vary a salary reduction amount, depending on the qualifying event and requested change.

How do I make a change to my health plan mid year?

You may add or delete dependents to your health plan during the plan year only under limited circumstances as provided under your employer's plan document and IRS guidelines. A partial list of permitted changes appear on the following page. Election changes must be consistent with the event.

How do I make an FSA change?

You can change your Flexible Spending Account (FSA) election(s), or vary the salary reduction amounts you have selected during the plan year, only under limited circumstances as provided by your employer's plan(s) and established IRS guidelines. A partial lists of permitted qualifying events under your employer's plan(s) appear on the following page. Election changes must be consistent with the event. For example: if you get divorced, an IRS special consistency rule allows you to lower or cancel your Healthcare FSA coverage for the individual involved. Miami-Dade County has appointed FBMC who will, in its sole discretion, review on a uniform and consistent basis, the facts and circumstances of each properly completed and timely submitted mid-plan year election change form.

To Make a Change: Within **30 days** (60 days for newborns) of an event that is consistent with one of the events on the following page, you must complete and submit an FBMC Change in Status Form and Health Plan Status Change Forms to your Personnel Office. Contact your DPR or the Benefits Administration Unit to obtain these forms. Documentation supporting your election change request is required. You do not need to delay submission of your Change in Status and Health Plan Status Change Forms while you gather your documentation. Simply forward the form to your DPR and present your documentation when it becomes available.

Upon the approval and completion of processing your election change request, your existing elections will be stopped or modified (as appropriate). Generally, mid-plan year, pre-tax election changes can only be made prospectively, no earlier than the first payroll after your election change request has been received by the Benefits Administration Unit or FBMC, unless otherwise provided by law. If your election change request is denied, you will have **30 days**, from the date you receive the denial, to file an appeal with FBMC.

What is my FSA Period of Coverage?

Your period of coverage for FSAs is your full plan year, unless you make a permitted mid-plan year election change. A mid-plan year election change will result in split periods of coverage, creating more than one period of coverage within a plan year with expenses reimbursed from the appropriate period of coverage. Money from a previous period of coverage can be combined with amounts after a permitted mid-plan year election change. However, expenses incurred before the permitted election change can only be reimbursed from the amount of the balance present in the FSA prior to the change. Mid-plan year election changes are approved only if the extenuating circumstances and supporting documentation are within your employer's, insurance provider's and IRS regulations governing the plan.

What are the IRS Special Consistency Rules governing Changes in Status?

1. **Loss of Dependent Eligibility**– If a change in your marital or employment status involves a decrease or cessation of your spouse's or dependent's eligibility requirements for coverage due to: your divorce, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. **Gain of Coverage Eligibility Under Another Employer's Plan**– If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage if that individual gains coverage, or has coverage increased under the other employer's plan.
3. **Dependent Care Expenses**– You may change or terminate your Dependent Care FSA election when a Change in Status (CIS) event affects (i) eligibility for coverage under an employer's plan, or (ii) eligibility of dependent care expenses for the tax exclusion available under IRC § 129.



Mid-Year Permitted Changes in Status:

Marital Status	A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states).
Change in Number of Tax Dependents	A change in number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled whenever a dependent gains eligibility as a result of a valid CIS event.
Change in Status of Employment Affecting Coverage Eligibility	Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment.
Gain or Loss of Dependents' Eligibility Status	An event that causes an employee's dependent to satisfy or cease to satisfy coverage requirements under an employer's plan may include change in age, student, marital, employment or tax dependent status.
Change in Residence*	A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area.
Coverage and Cost Changes*	Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative.
Open Enrollment Under Other Employer's Plan*	You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> • the other employer's plan has a different period of coverage (usually a plan year) or • the other employer's plan permits mid-plan year election changes under this event.
Judgment/Decree/Order†	If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage.
Medicare/Medicaid†	Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change.
Health Insurance Portability and Accountability Act of 1996 (HIPAA)	If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the CIS event, if you enroll your new dependent within 30 days of one of the following CIS events: birth, adoption or placement for adoption. Note that a Medical Expense FSA is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions.
Family and Medical Leave Act (FMLA) Leave of Absence	Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information.
Unpaid Leave of Absence	You may submit a completed Flexible Benefits Change in Status Form and Insurance Status Change form within 30 days of being in a leave without pay status to temporarily cancel your health insurance coverage. Upon return to pay status (within 30 days), you must re-submit a completed Flexible Benefits Change in Status form and Insurance Status Change Form to your DPR to reinstate coverage.

* Does not apply to a Medical Expense FSA plan.

† Does not apply to a Dependent Care FSA plan.

How many times have you wished you had an attorney to consult regarding wills, real estate, court proceedings or other legal issues? With the Group Legal Services plan, you have access to attorney consultations through the Telephone Legal Access Firm –before potential legal issues become costly.

Are my premiums tax-free?

No. Your premiums will be deducted from your paycheck after taxes have been calculated.

Eligible Expenses Coverage

Network Attorney

Non-Network Attorney* Amount Reimbursed

Telephone Legal Services

Covered

Advice and consultation from a Telephone Attorney available to all employees who are enrolled in Group Legal Services.

Financial and Tax Planning Services

Covered

Personal Financial Counseling

The telephone financial counseling service includes toll-free confidential telephone access to an experienced financial planner, planning information, analysis tools and resources from the Ayco Company. L.P. Services cover a broad range of financial and consumer needs, such as buying vs. leasing a car, budgeting tips, selecting a checking account, managing credit card debt, etc.

If you need more information, you may ask for various detailed reports from Ayco. Personalized financial reports include the following financial topics:

- Investment for retirement
- Asset allocation and
- College funding.

Interactive Financial Web Site

Via your online Plan Member Service Center at <http://members.ARAGgroup.com/MDCounty>, you have access to an interactive financial Web site that includes calculators, a library of content, planning resources and much more.

Online Legal Services

Covered

This new online service educates you about your legal needs and delivers self-help tools and legal information so that you can take action to resolve your own matters. The services include: a Law Guide that provides overviews of the most common legal issues, and Do-it-Yourself Legal Documents™ which allows you to prepare your own legal documents. These services are included in the price of the plan and are available to you by logging into your online Plan Member Service Center (PMSC) at <http://members.ARAGgroup.com/MDCounty>.

Identity Theft Services

Covered

Identity theft occurs when someone obtains personal information (credit card number, Social Security Number, account number, etc.) and uses it without your knowledge to commit fraud or theft. ARAG Group recognizes that you need help with this increasingly popular crime. Now, you can call ARAG Group toll-free and speak with an Identity Theft Case Manager who will:

- Help you understand what "identity theft" is, how to avoid it, and how this coverage works
- Walk you through a checklist of activities and provide you with resources to help you minimize and recover from the theft
- Review and explain any in-office legal coverages that apply to the situation and
- Follow-up with you to monitor the resolution of the situation.

Immigration Assistance

Toll-free telephone advice from a Telephone Network Attorney on how immigration law relates to the plan member's legal matter and what actions may be taken is available. Plan members will receive advice regarding the following:

- General immigration process education and guidelines
- Advice on filing and processing of applications or petitions, including which forms should or should not be filed
- Laws and regulation governing various types of immigration benefits, including asylum, adjustment of status, business visas and employment authorizations
- Advice and information to individuals facing deportation and removal proceedings and
- Breaking issues in immigration law including changes in the law and programs for immigration benefits.

Reduced rate services are available for immigration matters that can't be handled over the phone, or if a plan member needs to see a state-specific immigration Attorney, our Network Attorneys will offer up to a 25 percent reduced rate off their normal fees/rates for any review, preparation or representation-based Network services are covered under the plan.

In-Office Services

Consumer Protection (In-office services)

Paid in full

\$2,200**

Representation in a legal action required for the enforcement of written or implied warranties or promises relative to the lease or purchase of goods or services (except structural damage) is available. Actual amount in dispute must be at least \$500.

Consumer Debt Collection Defense

Paid in full

\$2,200**

Defense of lawsuit based upon a contract or written instrument is available.

Adoption Proceedings

Paid in full

\$300*

Uncontested Guardianship/Conservatorship

Paid in full

\$300*

Incompetency or Infirmary Proceedings

Paid in full

\$2,200**

Eligible Expenses Coverage

	Network Attorney	Non-Network Attorney* Amount Reimbursed
Name Change	Paid in full	\$240
Juvenile Court Proceedings Involving an Insured Child	Paid in full	\$2,080**
Service does not include proceedings involving traffic matters.		
Habeas Corpus Court Proceedings	Paid in full	\$300
(including Powers of Attorney and Ordinary Trust Provisions)		
Estate Planning (Wills)		
Individual Simple Will	Paid in full	\$100
Husband and Wife Simple Wills	Paid in full	\$125
(including Powers of Attorney and Ordinary Trust Provisions)		
Codicil	Paid in full	\$60
Wills with other than Ordinary Trust Provisions	Paid in full	\$300*
Living Will	Paid in full	\$60
Durable Power of Attorney	Paid in full	\$60
IRS Audit Protection		
Legal services involving personal tax IRS audits for which you receive written notice while your certificate of insurance is in effect and which relate to your personal federal tax return.		
Advice consultation and negotiation	\$420*	\$420*
Representation at IRS audit	\$900*	\$900*
IRS Collection Defense		
Legal defense against collection actions by the Internal Revenue Service regarding a members personal federal tax return is available. The member must receive written notice while his/her Certificate of Insurance is in effect.		
Legal Services and court representation prior to trial	\$1,800*	\$1,800*
Court representation at trial as a defendant	\$1,200**	\$1,200**
Estate Administration and Estate Closing		
Legal assistance is provided to you in administering an insured's bequest which you inherit while your Certificate of Insurance is in effect.		
Advice, negotiations and office work and/or the applicable property transfers and court appearances	\$500*	\$500*
Administrative Hearings	Paid in full	\$1,200*
The services cannot be related to insured's employment, but includes advice and document preparation related to an Insured's Immigration Proceedings.		
Major Trial	Paid in full	\$5,000***
Preventive Legal Services	Paid in full	\$360*
Six hours each plan year per family for office advice, negotiation and document preparation and review (e.g., leases, promissory notes, demand letters, affidavits, deeds and mortgages)		
Real Estate Matters	Paid in full	Sale \$360* Purchase \$240*
Representation of insured in the sale or purchase of a principal residence (benefit limited to one sale or one purchase per plan year)		
The following benefits are effective only after a six-month waiting period.		
Personal Bankruptcy	Paid in full	\$420*
Dissolution of Marriage (employee only)		
Divorce, legal separation or annulment		
Uncontested or Contested	Paid in full	\$420
or	Paid in full (up to 20 hours per event)	\$1,080*
Defense of a motion to modify a divorce decree	Paid in full	\$360*

In-office services are limited to one usage per family per plan year.

ARAGdirect.com (Non-Plan Member)

ARAGdirect.com is a plan designed to provide legal information and affordable attorney access when an employee faces an unexpected legal situation but chose not to enroll in the comprehensive insurance plan. You can access ARAGdirect.com through your Group Member Service Center at: <http://members.ARAGgroup.com/MDCounty>.

* Coverage is figured at \$60 per hour to the stated amount.

What's Not Covered?

- Actions or disputes between you and your employer, or your employer's insurance carrier, unions, plan underwriter and any party when coverage is prohibited by law
- Workers' Compensation, Unemployment Compensation, Class Actions, Interventions and Amicus Curiae
- Matters relating to patents, copyrights or appeal proceedings
- Duplication of services previously claimed in relation to same matter
- Probating of estates, title insurance, title search, title abstracting, filing fees, reporter's fees and court costs
- Services regarding matters resulting from your occupation, including business interests, transactions, pursuits and partnerships
- Any legal matter which occurs or is initiated prior to your effective date of coverage (This includes the dates for which an infraction occurs, a document is filed with the court or an attorney is hired.)
- Preparing, completing, or filing of a federal, state, or local tax return
- Contingency fee cases and similar matters for which a fee is normally allowed by law
- Any action brought in Small Claims Court
- Any legal proceeding in which you are entitled to legal representation or reimbursement for the costs thereof from any source other than this policy or another legal expense policy
- Matters related to structural damage to dwellings, appurtenances and paved surfaces

Who are my eligible dependents?

- Your spouse (unless also an eligible County employee)
- All unmarried dependent children under the age of 19 who reside in your household
- All unmarried dependent children under the age of 25 who are full-time students

Important Note

If you elect coverage for yourself and *one* dependent, the first dependent for whom you file a claim will be considered the only dependent covered under this plan.

A list of Network Attorneys is included in this handbook. You may also visit ARAG's Web site at: <http://members.araggroup.com/MDCounty> to view a list of Network Attorneys and plan benefits.

Plan Provider

ARAG Insurance Company underwrites and administers this plan. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates ARAG Insurance Company, "A," Excellent.

Your After-tax Rates

Level of Coverage	Biweekly Premium
Employee Only	\$ 8.01
Employee & One Dependent	\$10.16
Employee & Family	\$10.44



List of Participating Attorneys for Miami-Dade and Broward Counties

Attorneys are listed in alphabetic order by city. To locate an attorney in your area, look up the city in which you are located. To assist you in selecting the proper attorney for your situation, areas of law in which an attorney wishes to practice are indicated by code letters under his/her name. Please select the code letter applicable to your situation from the list below. Then, choose any attorney who has that letter by his/her name.

General Practice Legal Codes			* Senior Advocate Legal Codes		
A Non-Business Bankruptcy	J Administrative Agency Matters	P Tax	A Bankruptcy	J1 Government Agencies and Programs	Q Personal Injury – Plaintiff
B Business	J1 Agency Proceedings General	Q Contingency Fee Cases	B Business Entity Representation	J2 Federal Taxes	R Real Estate Disputes
C Adoption Proceedings	J2 IRS Proceedings: Audits/Collections	R Dissolution, Divorce, Annulment	C Adoption	J3 State or Local Taxes	S Social Security Law
D Insanity/Incapacity/Infirmary	J3 State/Local Tax Proceedings	S Post Decree Domestic Relations	D Elder Law	J4 Immigration Law	T Rest Estate Transactions
E Juvenile Court Proceedings	J4 Immigration Proceedings	T Trusts – Revocable & Irrevocable	E Employment Law – Employee	K Civil Litigation	U Probate and Estate Administration
F Defense of Criminal Charges	K Real Estate Transactions	U Protection of Inheritance Rights	F Criminal Defense Representation	L Landlord/Tenant	V Securities Arbitrations and Litigation
G Traffic & Driving Privilege Protection	L Civil Dispute Proceedings	V Guardianship/Conservatorship	G Traffic/DUI	M Consumer Protection	W Wills and Estate Planning
H Expungement	M Consumer Protection	W Wills and Testamentary Trusts	H Creditor Representation	N Medical Malpractice	X Divorce/Separation
I Habeas Corpus Court Proc	N Name Change		I Insurance Disputes	O Debtor Representation	
	O Specific Document Preparation			P Personal Injury – Defense	

* Denotes Senior Advocate Legal Codes

Please refer to your policy for coverages. Some of the above areas are covered under the advice portion of your policy only. Foreign languages spoken by the attorney or his/her staff are listed below the attorney's name.

We have made every effort to assure the accuracy of this directory; however, there may occasionally be attorneys who have changed office locations or been added to or deleted from the program after printing. Prior to making an appointment, please call the attorney's office to confirm his/her continued participation and address information. Notification of any errors or inaccuracies should be sent to: Attorney Programs, ARAG® Group, 400 Locust St., Suite 480, Des Moines, Iowa 50309; or call 1-800-247-4184. This list supersedes all prior listings. For your convenience, more attorney information and an online Network Attorney locator can be found by logging on at the Plan Member section of our Web site, <http://members.aragroup.com/mdps> or by calling our Customer Service Center at 888-718-4793, Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.

MIAMI-DADE COUNTY

AVENTURA

Croese, Robert
Aventura
305-792-4343
A, L, N, Q, W
*H, K, Q, V

Glassman, Lisa
Aventura
305-792-7240
Spanish, Creole
A, K, L, Q, O, T, U, W
*A, B, K, N, Q, Q, R, T, U, V, W

Kornik, Gary
Aventura
305-933-2000
K, T, U, W

Morgentaler, Richard
Aventura
305-936-1116
A, C, E, F, G, H, K, L, N, O, R, S, T, U, V, W
*A, B, F, L, O, T, U, W, X

Nemser, Saralyn
Aventura
305-932-0053
Spanish
K, U, W
*L, T, U

Schiffman, Adam
Aventura
305-682-1328
Spanish
K

Segal, William
Aventura
305-682-1110
French, Spanish
K, L, O, T, U, W
*K, N, Q, T, U

BAY HARBOR ISLANDS

Sakowitz, Alan
Bay Harbor Islands
305-865-6700
Spanish
A, K, L, M, T, U, W

Shelvin, Barry
Bay Harbor Islands
305-868-0304
Spanish
A, B, C, E, F, G, H, J, J1, J3, J4, K, L, M, N, O, P, Q, R, S, T, U, V, W, X
*A, B, F, G, K, R, T, U, W, X

Trute, Melvyn
Bay Harbor Islands
305-865-6736
K, N, T, V, W
*R, T, U, W

Coconut Grove
Connors, Thomas
Coconut Grove
305-446-5554
Spanish
C, E, F, G, K, N, O, Q, R, S, T, U, V, W
*F, G, H, K, L, M, O, P, Q, R, T, U, W, X

Hoffman, Corey
Coconut Grove
305-443-5600
Spanish
C, E, F, G, H, K, L, N, O, Q
*F, G, K, R, T

Ortega, Marlene
Coconut Grove
305-856-7770
Spanish
K, N, O, R, S, W
*T, W, X

Schiff, Michael
Coconut Grove
305-856-2036
G, K, L, N, Q
*G, L, M, R, T

Coral Gables
Adams, John
Coral Gables
305-448-9022
P, T, U, W

Admiré, John
Coral Gables
305-444-6121
Croatian, Robert
Aventura
D, K, T, U, W

Admiré, Robert
Coral Gables
305-444-6121
Spanish
D, K, O, Q, R, S, T, U, V
*T, U, W

Aguiar, Gladys
Coral Gables
305-441-5667
German, Spanish
F, G, H, J, K, N, O, R, S, U, W
*G, W

Allen, R.
Coral Gables
305-661-2538
Greek, Spanish
A, B, C, E, F, G, H, I, J1, J2, J3, J4, K, L, M, N, P, R, S, T, U, V, W

Ariz, Pedro
Aventura
305-444-7311
Spanish
J, J1, J2, J3, K, L, M, P, T, U, W

CORAL GABLES

Belsky, Gina
Coral Gables
305-669-1128
Spanish
A, K, L, M, N, R, S, T, U, V, W

Bismarck, Astrid
Coral Gables
305-442-2558 x316
Spanish
K, N, O, R, S, T, U, W
*C, L, R, T, U, W, X

Calas Johnson, Desiree
Coral Gables
309-476-1900
Spanish
A, J4

Causello, Kenneth
Coral Gables
305-443-8292
Spanish
B, K, L, M, N, Q, R, S, V

Clearfield, Tammi
Coral Gables
305-665-3399
C, F, G, H, N, R, S, V

Cuevas, Andrew
Coral Gables
305-461-9500
Spanish
K, L, Q, R
*B, J4, K, R, T, X

Davison, Thomas
Coral Gables
305-441-8864
K, L, O, W
*L, M, R, T, U, W

Defabio, George
Coral Gables
305-448-7200
Spanish
J4, K, R
*J4

Defabio, Joel
Coral Gables
305-448-7200
Spanish
E, F, G, H, K, O, Q, R, U
*F, G, I, K, P, Q, R, T, U, X

Demaras, Renee
Coral Gables
305-445-1997
Spanish
K

Diaz, Richard
Coral Gables
305-444-7181
Spanish
F, G, H, K, L, Q
*F, H, I, K, L, Q, P, Q, R, T, W

Feldman, Kenneth
Coral Gables
305-445-0133
Spanish
E, F, R
*F, G, X

Felton, Michael
Coral Gables
954-977-4878
K, N, O, Q, R, S, T, U, W
*L, K, P, Q, T, U, W, X

Fertile, Ainslee
Coral Gables
305-445-3557
C, E, F, G, H, J1, K, L, M, N, O, Q, R, T, U, W
*B, C, E, H, I, J1, K, L, M, N, P, Q, R, U, W

Figueras, Vivian
Coral Gables
305-569-9886
Spanish
C, F, H, K, N, R, S, T, U, V, W

Fisher, Sean
Coral Gables
305-665-1833
C, K, L, N, O, Q, R, S, U, V
*C, R, I, K, M, Q, R, T, W, X

Fuller, Stephen
Coral Gables
305-446-4868
C, D, G, J1, K, L, N, O, R, S, U, V, W
*B, C, D, E, G, I, K, L, Q, R, T, U, W, X

Gelman, Lynn
Coral Gables
305-668-6681
Spanish
A
*A

Gibson, Charles
Coral Gables
305-777-0395
Spanish
K, L, O, Q, R, T, U, V, W
*E, W

Goodman, Alvin
Coral Gables
305-279-8000
Spanish
A, E, F, G, H, I, K, N, O, R, S, T, U, V, W

Hernandez, Hernan
Coral Gables
305-529-9199
Spanish
B, E, F, G, H, K, L, N, R, S, T, U, V, W

Hockman, Peter
Coral Gables
305-447-9129
B, K, L, N, R, S, T, U, V, W

Katz, Richard
Coral Gables
305-444-9806
Spanish
C, K, L, N, O, Q, R, S, T, U, V, W
*B, C, H, I, K, L, M, O, P, R, T, U, W, X

Kavulich, Richard, Jerome
Coral Gables
305-442-7393
Spanish
A, C, E, F, H, J1, J2, K, L, N, O, R, S, T, U, W
*A, B, C, E, F, G, H, I, J3, K, L, M, N, O, P, Q, R, T, U, W, X

Laneve, Eugene
Coral Gables
305-445-3557
Spanish
B, C, D, J1, J2, J3, K, L, M, N, Q, R, S, T, U, V, W

Langstadt, Oliver
Coral Gables
305-461-5667
German, Spanish
C, E, F, G, J4, K, L, N, R, S, U
*C, G, T

Llerena, Ada
Coral Gables
305-444-9100
Spanish
C, N, O, R, S, U, V, W
*C, X

Lopez, Joseph
Coral Gables
305-444-4375
Spanish
A, B, C, E, F, G, H, J1, J4, K, L, M, N, O, Q, R, S, T, U, V, W
*A, B, C, F, G, H, I, J1, J4, K, L, M, O, P, Q, R, S, T, U, W, X

Loy-Perez, Rosie
Coral Gables
305-661-8930
Spanish
E, F, G, H, I, J1, J2, K, L, N, O, Q, R, S, U, V, W
*B, E, G, I, J1, K, L, N, P, Q, R, T, W, X

Magarolas, Mauricio
Coral Gables
305-461-9940
French, German, Spanish
K, L, M, N, R, S, T, U, V, W
*B, H, I, J1, K, L, M, R, T, U, W, X

Mari, Manuel
Coral Gables
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Spanish
J4, K
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Spanish
A, B, K, L, T, U, W

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Spanish
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Selchen, Jason
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954-370-8168
Spanish
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When you retire, you'll want to maintain the lifestyle you currently have. Social Security and the Florida Retirement System are not intended to replace all of your income at retirement. It is wise to start a savings plan now. The Deferred Compensation Plan is a tax-deferred savings plan that can be used at retirement to supplement your Florida Retirement System and Social Security benefits.

Eligibility

All Miami-Dade County employees are eligible to participate in this plan. There is no waiting period or minimum number of hours you must work biweekly.

Plan Features

- Contributions are made to your deferred compensation account through payroll deductions.
- Contributions are taken from your gross salary before Federal Withholding taxes are calculated.
- Your contributions are invested in the products of your choice.
- You don't pay Federal Withholding Income taxes on your investment contributions or earnings until you receive the money.
- Social Security taxes on contribution amounts continue to be deducted from your gross salary.
- This plan is governed by Section 457 Internal Revenue Code.

What happens to the money I contribute?

You choose between two providers, International City Management Association Retirement Corporation (ICMA-RC) or National Association of Counties (NACo), administered by Nationwide Retirement Solutions (NRS). You may contribute to both providers if you wish, as long as you do not exceed the total maximum annual contribution.

Each provider offers a number of investment options, including fixed funds, stock funds, bond funds, mutual funds and others. You may wish to seek the advice of an accountant or other professional for investment assistance.

Both ICMA-RC and NRS have representatives available to meet with plan participants one-on-one to discuss your financial objectives. Contact your DPR for the name and telephone number of the plan representative(s) assigned to your department.

Minimum Contribution: \$10 per pay period
Maximum Contribution: 100% of your gross taxable salary or \$14,000 (whichever is less)

Payouts

- Once you retire or separate employment, you become eligible for payments from your account. There is neither a minimum age requirement nor a waiting period for you to begin receiving payments.
- You are not required to select a payout commencement date. At the time you are ready to begin receiving your payout, simply contact your plan provider.
- Once you are eligible to receive payments, you may select from a variety of payment options. You may receive a lump sum, installment payments, irregular payments or guaranteed monthly payments for life.
- You may rollover funds from another eligible retirement plan, your FRS DROP account, or IRA into the 457 plan. You may also rollover your 457 funds into another eligible retirement plan or to an IRA.
- Contact the Benefits Administration Unit at 305-375-5633 or 305-375-4288 for more information.

"Catch-up" Provision

If you are within three years of retirement, you may be eligible to take advantage of a special "catch-up" provision which may allow you to contribute up to \$28,000 for 2005. Additionally, there is a "catch-up" provision that permits an employee to contribute an extra \$4,000 per year, if at least age 50. You may not utilize both "catch-up" provisions simultaneously. Contact the Benefits Administration Unit at 305-375-5633 or 305-375-4288 for more information.

Unforeseeable Emergency Withdrawal

You may be able to withdraw money from your account while you are still working if you have an unforeseeable emergency. An unforeseeable emergency is a severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or of a dependent of the participant, loss of the participant's property due to casualty or other similar extraordinary circumstances arising as a result of events beyond the control of the participant. The amount of money you could receive is limited to the amount necessary to relieve the hardship.

An Unforeseeable Emergency withdrawal is very difficult to receive, and you should not depend on the availability of your funds. Some examples of an Unforeseeable Emergency are health care and property losses due to theft or fire, which are not covered by insurance.

Employees can contact their provider directly to request an emergency withdrawal packet.



If you are like most people, you want to make sure that your loved ones are adequately provided for should something happen to you.

Basic Life

The County provides you with group term life insurance equal to your annual adjusted base salary.

Plan Features

- Benefits are payable for death from any cause to the beneficiaries you name.
- Beneficiary designations may be updated at any time.
- If death results from accidental injuries, your beneficiary may be eligible to receive Group Accidental Death and Dismemberment Insurance (AD&D) equal to your annual base salary.
- Dismemberment benefits, up to the same amount as your group term basic life coverage, are payable for loss of hand, foot or sight of eye resulting from an accident. See your policy for plan provisions.
- Employee must be actively at work for coverage to start.

How to enroll for basic life coverage

When eligible, you must complete a beneficiary designation form to enroll.

If you don't enroll for this benefit during your initial eligibility period, you may apply during Open Enrollment. However, at that time, coverage is subject to medical approval and may be denied. Contact your Departmental Personnel Representative or the Benefits Administration Unit at 305-375-4288 or 305-375-5633 for the required paperwork. You must be actively at work for coverage to be effective.

IAFF plan enrollees who change to a County sponsored medical/dental plan during the open enrollment period must complete a MetLife Life Insurance medical statement to be considered for life insurance. Life insurance is subject to medical approval and may be denied. Basic Life Insurance through the IAFF plan will cease as of the open enrollment effective date.

Group Term Optional Life Insurance

Although the County assumes the full cost for your basic life insurance with MetLife, you may purchase additional life insurance called, "Optional Life Insurance."

Plan Features

- If interested, you should elect coverage at the time you sign up for group medical, dental, vision and basic life benefits.
- You may apply for coverage up to five times your annual adjusted base salary.
- Premiums are age-based and depend on the amount of coverage purchased. Contact your Departmental Personnel Representative or the Benefits Administration Unit at 305-375-5633 or 305-375-4288 for further details.
- You may reduce the level of coverage or cancel coverage at any time. However, if you wish to re-enroll for coverage or increase the coverage level, you must submit an application during the annual optional life Open Enrollment subject to medical approval.
- Life insurance amounts in excess of \$50,000 may be taxable and may be included as taxable income on your W-2 form. See the *Beyond Your Benefits* section for further details.
- An employee must be actively at work for coverage to begin. This also applies to increases in coverage.

How to Enroll for Group Term Optional Life Coverage

When eligible, you must complete a beneficiary designation form to enroll and indicate the level of coverage. If you don't enroll during your initial eligibility period, an Optional Life open enrollment is held once a year in early spring. You may submit an application, but it will be subject to medical approval. You must be actively at work for coverage to be effective.

Other benefits provided by Miami-Dade County

In addition to the group medical, dental and vision plans, Flexible Benefits Plan, Group Legal Services and your Flex Dollars, your benefits package also includes:

- Paid annual and sick leave
- 13 paid holidays
- Membership in either of the Florida Retirement System (FRS) plans
- Workers' Compensation
- Unemployment Compensation
- Social Security
- Employee Discount Program
- Tuition Refund and
- Death Benefit.



IMPORTANT INFORMATION ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS

What is continuation coverage?

Federal law requires that most group health plans, including Healthcare Flexible Spending Accounts (Healthcare FSAs), give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including special enrollment rights. Specific information describing continuation coverage can be found in the Plan's summary plan description (SPD), which can be obtained from your health plan or FBMC.

How long will continuation coverage last?

FSAs

If you fund your Healthcare FSA entirely, you may continue your Healthcare FSA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, **if** you have not already received, as reimbursement, the maximum benefit available under the Healthcare FSA for the year. For example, if you elected a maximum Healthcare FSA benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your Healthcare FSA for the remainder of the plan year or until such time that you receive the maximum Healthcare FSA benefit of \$1,000. Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time.

If your employer funds all or any portion of your Healthcare FSA, you may be eligible to continue your Healthcare FSA beyond the plan year in which the qualifying event occurs and you may have open enrollment rights at the next open enrollment period. There are special contribution rules for employer-funded Healthcare FSAs. If you have questions about your employer-funded Healthcare FSA, call FBMC at 1-800-342-8017.

Health Plans

You will be able to continue medical, dental and vision for up to 18 months if you lose group coverage due to termination of employment or reduction in hours. If your covered dependents lost group coverage (for example, due to divorce, your death or child reaching the limiting age), coverage may be continued for up to 36 months from the qualifying event. See your SPD or certificate of coverage for other COBRA-qualifying events and explanation of your COBRA rights.

How can you elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage the latter of 60 days from the date of COBRA notice or qualifying event. For example, both the employee and the employee's spouse may elect

continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. Additionally, payment must be received within 45 days of COBRA election. A qualified beneficiary must elect coverage by the date specified on the COBRA Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you.

Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay 102 percent of the cost of group health coverage. For Healthcare FSAs, the cost for continuation of coverage is a monthly amount calculated and based on the amount you were paying via pre-tax salary reductions before the qualifying event.

When and how must payment for continuation of coverage be made?

First payment for continuation coverage

If you elect continuation of coverage, you do not have to send any payment for continuation coverage with the COBRA Election Form. However, you must make your first payment for continuation coverage **within 45 days after the date of your election**. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within that 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact FBMC to confirm the correct amount of your first payment (for FSAs). Your health plan will notify you of the exact premium payable.

Instructions for sending your first payment for continuation coverage will be shown on your COBRA Election Notice/Form.

Periodic Payments for Continuation Coverage:

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the **first day of each month**. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

Instructions for sending your periodic payments for continuation coverage will be shown on your COBRA Election Notice/Form.

Grace Periods for Periodic Payments:

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you pay a periodic payment later than its due date but during its grace period, your coverage under the Plan will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

For More Information

This COBRA Q&A section does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or certificate of coverage. You can get a copy of your summary plan description or certificate of coverage from FBMC or your health plan.

Keep Your Address Updated

In order to protect your family's rights, you should keep your Departmental Personnel Representative informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to FBMC or your health plan.



What is the cost to maintain group benefits while on an approved Leave of Absence (LOA) without pay?

The premium you are responsible for depends on the type of leave. If your leave is illness related (i.e. Family Medical Leave (FMLA), disability, worker's compensation, maternity etc.), you will only be responsible for paying the bi-weekly insurance contributions that are usually withheld from your paycheck. If your leave is other than illness related (i.e. educational, suspension, personal, etc.), you will be responsible for paying both the biweekly employee and County contributions. Your Departmental Personnel Representative (DPR) should provide you with an LOA informational package, billing notice and remittance form. Contact your DPR for additional information.

When are Leave of Absence payments due?

Your DPR will provide you with a leave of absence package which explains what needs to be done to maintain your insurance while on leave, if you so choose. It also includes instructions on where payments must be sent. The first payment is due within two weeks of your last payroll deduction for benefits. Thereafter, premium payments are due bi-weekly in advance of the pay period to be covered. If coverage is cancelled due to non-payment of premiums when due, you will only be allowed to re-enroll during the next annual open enrollment period. Please follow-up with your DPR to receive this information when on an approved LOA.

If dependent premiums become a financial hardship, may I delete my dependent(s) from my health insurance while on an approved leave without pay status?

Yes. You may delete your dependent(s) while on an approved leave without pay by submitting a completed Flexible Benefits Change in Status Form and Insurance Status Change Form. You must submit these forms to your DPR within 30 days of being in a no-pay status.

May I temporarily cancel my health insurance for the period while I am on a leave without pay status?

You may submit a completed Flexible Benefits Change in Status Form and Insurance Status Change form within 30 days of being in a leave without pay status to temporarily cancel your health insurance coverage. Upon return to pay status (within 30 days), you must re-submit a completed Flexible Benefits Change in Status form and Insurance Status Change Form to your DPR to reinstate coverage.



Taxable Benefits and the IRS

Disability Income Protection – Disability benefits may be taxed when an employee becomes disabled depending on how the premiums were paid during the year of the disabling event. For example, if you purchased disability coverage with pre-tax premiums and/or nontaxable employer credits, any disability payments received under the plan will be subject to federal income and employment (FICA) tax. If premiums were paid with a combination of pre-tax and after-tax dollars, then any disability payments received under the plan will be taxed on a pro rata basis. If premiums were paid on a post-tax basis and a disability entitles you to receive payments, you will not be taxed on the money you receive from the plan. You can elect to have federal income tax withheld by the provider just as it is withheld from your wages. Consult your personal tax advisor for additional information.

In addition, FICA and Medicare taxes will be withheld from any disability payments paid through six calendar months following the last calendar month in which you worked prior to becoming disabled. Thereafter no FICA or Medicare tax will be withheld.

Life Insurance Premiums and the IRS

According to IRS regulations, you can pay premiums tax free on your first \$50,000 of life insurance. You must pay tax on premiums for coverage exceeding \$50,000. The first \$50,000 limit includes any life insurance provided to employees by Miami-Dade County. Premiums for additional life insurance exceeding the IRS \$50,000 maximum must be paid for with after-tax money.

Disclaimer - Health Insurance Benefits Provided Under Health Insurance Plan(s)

Health Insurance benefits will be provided, not by your Employer's Flexible Benefits Plan, but by the Health Insurance Plan(s). The types and amounts of health insurance benefits available under the Health Insurance Plan(s), the requirements for participating in the Health Insurance Plan(s), and the other terms and conditions of coverage and benefits of the Health Insurance Plan(s) are set forth from time to time in the Health Insurance Plan(s). All claims to receive benefits under the Health Insurance Plan(s) shall be subject to and governed by the terms and conditions of the Health Insurance Plan(s) and the rules, regulations, policies, and procedures from time to time adopted.

Social Security

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Benefits Plan generally outweigh the Social Security reduction. Call FBMC Customer Service at 1-800-342-8017 for an approximation.

FBMC Privacy Notice

4/14/03

This notice applies to products administered by Fringe Benefits Management Company and its wholly-owned subsidiaries (collectively "FBMC"). FBMC takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. This notice explains how FBMC handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. FBMC's privacy policy is as follows:

- I. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:
 - Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status and spousal and beneficiary information.
 - Responses from you and others such as information relating to your employment and insurance coverage.
 - Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
 - Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

- II. Under HIPAA, you have certain rights with respect to your protected health information. You have rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan in care of FBMC's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Additional information that describes how medical information about you may be used and disclosed and how you can get access to this information is provided electronically on our Web site: www.fbmc-benefits.com. You have a right to a paper copy at any time. Contact FBMC Customer Service at 1-800-342-8017.

- III. We maintain safeguards to ensure information security. We are committed to preventing unauthorized access to personal information. We maintain physical, electronic and procedural safeguards for protecting personal information. We restrict access to personal information to those employees, insurance companies and service providers who need to know that information to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.
- IV. We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena or to prevent fraud.

We will provide our Privacy Notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you. In this notice of our Privacy Policy, the words "you" and "customer" are used to mean any individual who obtains or has obtained an insurance, financial product or service from FBMC that is to be used primarily for personal or family purposes.

Notice of Administrator's Capacity

PLEASE READ: This notice advises insured persons of the identity and relationship among the contract administrator, the policyholder, and the insurer:

1. FBMC has been authorized by your employer to provide administrative services for your employer's insurance plans offered herein. In some instances, FBMC may also be authorized by one or more of the insurance companies underwriting the benefits offered herein to provide certain services, including (but not limited to) marketing, underwriting, billing and collection of premiums, processing claims payments, and other services. FBMC is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted herein have been selected by your employer, and are liable for the funds to pay your insurance claims.

If FBMC is authorized to process claims for the insurance company, we will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against FBMC than would otherwise be afforded to you by law. FBMC is not an insurance company.

Written Certification

When enrolling in either or both FSAs, written notice of agreement with the following will be required:

- I will only use my FSA to pay for IRS-qualified expenses and only for my IRS-eligible dependents
- I will exhaust all other sources of reimbursement, including those provided under my employer's plan(s) before seeking reimbursement from my FSA
- I will not seek reimbursement through any additional source and
- I will collect and maintain sufficient documentation to validate the foregoing.





Contract Administrator
Fringe Benefits Management Company
P.O. Box 1878 • Tallahassee, Florida 32302-1878
Customer Service 1-800-342-8017 • 1-800-955-8771 (TDD)
www.fbmc-benefits.com

Information contained herein does not constitute an insurance certificate or policy.
Certificates will be provided to participants following the start of the plan year, if applicable.